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	INFE	RMATION DISCLOSUR E(Use several sheets if necess	E CITATION		Applicant(s) Brian Good				
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INITIAL	ES T	ADFIAR OCCUMENT NUMBER	DATE		NAME	CLASS	SUBCLASS		DATE OPRIATE
LCG		5,235,718	08/1993	Grimsle	y et al.				
LCG		5,426,807	06/1995	Grimsle	y et al.				
LCG		5,472,514	12/1995	Grimsle	у				
LCG		5,636,403	06/1997	Grimsley et al.					
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EXAMINER /Laura C Guidotti/				DATE CONSIDERED 09/20/2006					
EXAMINER not consider	: Initia ed. Ine	l if citation considered, whether o lude copy of this form with next c	r not citation is in communication to a	conformance	with MPEP Section 609; Dra	w line throug	h citation if not in	conforma	nce and